

BUSINESS RECYCLING AND WASTE REDUCTION PLAN

Refer to the Montgomery County *Business Recycling Regulation Handbook* for guidance on recycling and completing your Plan.
Send completed Plan to: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, MD 20850

Business Name: _____

Address: _____

Phone Number: _____

Recycling Program Contact Person: _____

IF GOVERNMENT AGENCY, CHECK APPLICABLE: County ☐ State ☐ Federal ☐

If your business leases property at above address, provide property owner or manager name:

Property Owner/Manager Name: _____

Property Owner/Manager Phone Number: _____

EMPLOYEE NUMBER: _____ (Employee means person working 20 or more hours a week for more than 6 months in a calendar year.)

Total square feet of building space occupied: _____ Square Feet

Total acreage of green area (landscaped and grassy area), if applicable: _____ Acres

BUSINESS TYPE (Check all that apply):

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> BAR/RESTAURANT | <input type="checkbox"/> OFFICE | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> AGRICULTURAL |
| <input type="checkbox"/> RETAIL, NON-GROCER | <input type="checkbox"/> RETAIL, GROCER | <input type="checkbox"/> LABORATORY | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> SOCIAL SERVICES | <input type="checkbox"/> HOTEL | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> EDUCATION |
| <input type="checkbox"/> OTHER (Please Specify) _____ | | | |

Standard Industrial Classification (SIC) Code: _____ (If Known)

Who will submit your Annual Report? Check appropriate box and provide requested information:

☐ Self ☐ Property Manager/Owner ☐ Central Business Office ☐ Other: _____

Name of Person responsible for submitting Annual Report: _____ Phone: _____

Company Name and Address: _____

MULTIPLE SITE BUSINESSES:

- ☐ Check this box if this Plan covers your business at more than one location within the County. Attach a list of the addresses of all in-County business locations, on-site contact person, the number of employees working and approximate square feet occupied at each location.

FOR DSWS USE ONLY - DO NOT WRITE BELOW THIS LINE

DIVISION OF SOLID WASTE SERVICES APPROVAL BY: _____ Date: _____

EXEMPTION STATUS: _____

PLAN FOR RECYCLING AND DISPOSING SOLID WASTE

MATERIAL (Circle type where applicable)	Total Number and Size of central collection containers used by business(es) covered under this Plan and number of pick-ups per month. (Estimate pick-ups if necessary)	Name and Phone Number of Company hauling/handling materials	WASTE REDUCTION PROGRAM (Check if applicable and attach separate page to describe)	Check Box if Exemption Request Form is required **
REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED				
OFFICE PAPER: White Colored Both				<input type="checkbox"/>
CORRUGATED CARDBOARD				<input type="checkbox"/>
NEWSPAPER				<input type="checkbox"/>
ALUMINUM CANS				<input type="checkbox"/>
STEEL/TIN CANS				<input type="checkbox"/>
PLASTIC BOTTLES (HDPE AND PETE)				<input type="checkbox"/>
GLASS BOTTLES & JARS				<input type="checkbox"/>
COMMINGLED CONTAINERS: *				N/A
YARD WASTE: Leaves Grass Brush				<input type="checkbox"/>
VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR BEING SOURCE REDUCED (Attach list of other materials as needed)				
				N/A
				N/A
SOLID WASTE FOR DISPOSAL ONLY - BELOW THIS LINE				
SOLID WASTE FOR DISPOSAL (Trash)				N/A

* List Container Types.

** DSWS will contact you to schedule a site inspection and provide you an Exemption Request Form.

Signature of Person Completing Form

Date

Print Name of Signatory and Company Name

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling Regulation 109-92, which requires recycling and reporting by my business, and confirm that the above program will be implemented in accordance with the applicable schedule.

Signature of Responsible Corporate Officer

Date

Print Name of Signatory

